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LALLAHASSÉE, FLORIDA

S. YOUNG

### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Machinery Sales Construction Inc.
DOCUMENT NUMBER: P 180000 5 4 4 1 4
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angel R. Morales  Name of Contact Person  Machinery Sales Construction Inc.  Firm/ Company  500 Jinny Ann Dr. Apt 411  Address  Daytonia Beach, FL 32114  City/ State and Zip Code  AAAMachinery Parts @ gmail. com  E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Angel R. Morales at (305) 560-0745  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

# Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

# Articles of Amendment to

Articles of Incorporation

·······································	of
Machinery Sales	Construction Juc.
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P180000 544	14
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable:	500 Jimmy ANN Dr.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Apt 411'
	500 Jimmy ANN Dr. Apt 411 Daytona Beach FL 32114
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	500 Jimmy Ann Dr.
	Apt 411
	Daytona Beach FL 32114
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	
Name of New Registered Agent	<del></del>
<del> </del>	
(Flori	da street address)
New Registered Office Address:	Florida T
	(City) Zip-Code)
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.
Signature of N	lew Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Augel R Morales	500 Jimmy And DR.
✓ Add			Ap > 411
Remove			Daytona Beach, FL 321.
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		_	
Add			<del></del>
Remove			
5)Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
**************************************	
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<del></del>	
····	
If an amandment provides for an each	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	ther than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that (iduciary)	
(Typed or printed name of person signing)	
Preside~+	
(Title of person signing)	